## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Burriss						
Full Name of Contributor				Registration Number, if PAC		
Kimberly Toothman			L			
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
2100 Pinebrook Rd						Credit Card
City	State 2	Zip Code	М	D	Y	Amount
Columbus	OH	43220	1 1 1	0 2	117	25.00
Full Name of Contributor					ber, if PA	
Andrea Hahn-Lawson			ľ			
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
PO Box 770563						Credit Card
City	State 2	Zip Code	M	D	Y	Amount
•		•		1 .	17	
Lakewood Full Name of Contributor	OH	44107	1 1	0 2		75.00
			Registra	don Num	ber, if PA	C
Mike Corey						
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
256 Lansing St		<del> </del>				Credit Card
City	1	Zip Code	М	D	Y	Amount
Columbus	OH	43206	1 1	0 2	1 7	50.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	C
William Saam						
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
4126 Clairmont Rd	l					Credit Card
City	State 2	Zip Code	M	D	Y	Amount
Columbus	$O \mid H \mid$	43220	111	0   2	1 7	50.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	С
John Arensmeyer			1			
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
3107 Shelter Bay	Ì					Credit Card
City	State 2	Zip Code	M	D	Y	Amount
Mill Valley	$C \perp A$	94941	11/1	0 3	1 7	200.00
Full Name of Contributor		71711			ber, if PA	
Jennifer House			ĭ			
Street Address	Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)
245 E 2nd Ave, #219						Credit Card
240 E 21tu AVE, #219 City	State Z	Zip Code	T M	D	Y	Amount
	OH	43201	1	l .	1 7	
Columbus Full Name of Contributor		43201			ber, if PA	
			Registrat	non rum	oei, ii i A	C
Ashley Johns	- In 1 10 - 1					Comp (Cook Charle etc.)
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
420 W Mithoff St						Credit Card
City	1	Zip Code	М	D	Y	Amount
Columbus	OH	43026	1 1	0 3	1 7	25.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	С
LeighAnn Rodd						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
712 Setliff Pl				Credit Card		
City	1 1	Zip Code	М	D	Y	Amount
Nashville	$T_{N}$	37206	1 1	0 5	1 7	25.00
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\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total	\$ 500.00